

<b>Report Title</b>	Quality Plan: proposals for 2019-20		
<b>Sponsoring Executive</b>	David Carruthers, Medical Director		
<b>Report Author</b>	David Carruthers, Medical Director		
<b>Meeting</b>	Public Trust Board	<b>Date</b>	6 <sup>th</sup> June 2019

### 1. Suggested discussion points *[two or three issues you consider the Trust Board should focus on]*

The next phase of the Quality Plan moves on from the Big 6 to the next topic areas which aim to improve patient care with projects involving several specialty areas within the Groups. The projects include improving outcomes in cancer, readmissions, vision, screening, neonatal mortality, end of life care, transitional care, PROMs and Mental health.

The ask has been to provide a clear phasing for improvement during 2019-20 and clear data thresholds. That ask has not yet been met and will return completed to the July Trust Board. This will allow work between the corporate team and clinical groups to take place in June. A review with the Chief Executive will take place before the Board meets. The Board is invited to discuss what threshold data and improvement information is required next time.

### 2. Alignment to 2020 Vision *[indicate with an 'X' which Plan this paper supports]*

Safety Plan		Public Health Plan		People Plan & Education Plan	
Quality Plan	x	Research and Development		Estates Plan	
Financial Plan		Digital Plan		Other <i>[specify in the paper]</i>	

### 3. Previous consideration *[where has this paper been previously discussed?]*

CLE 21<sup>st</sup> May 2019, Q+S May 25<sup>th</sup> 2019

### 4. Recommendation(s)

The Trust Board is asked to:

a. **CONSIDER** the 19-20 phase of the Quality plan

b. **COMMENT** on the pace and level of ambition required

### 5. Impact *[indicate with an 'X' which governance initiatives this matter relates to and where shown elaborate]*

Trust Risk Register						
Board Assurance Framework	x	BAF3				
Equality Impact Assessment	Is this required?	Y		N	x	If 'Y' date completed
Quality Impact Assessment	Is this required?	Y	x	N		If 'Y' date completed

# SANDWELL AND WEST BIRMINGHAM HOSPITALS NHS TRUST

## Report to the Trust Board: 6<sup>th</sup> June 2019

### Quality Plan: proposals for 2019-20

#### 1. Introduction

- 1.1 The initial work on the quality plan focused on clinical conditions where an increased mortality had been identified (the big six). Here we review plans for the next 9 areas of the quality plan, establishing the breadth of each project, improvement work already undertaken, outcome metrics and comparison data to be used where it is available.
- 1.2 The big 6 are sepsis, VTE, MI, CVA, #NoF and consent for high risk abdominal surgery. Review of data for MI, CVA and #NoF have not highlighted any particular areas of concern but have identified areas for quality improvement work and more regular monitoring of mortality data. Work continues on sepsis identification and management. Assessment for prevention of VTE and reporting and the investigation of causes of hospital acquired VTE has improved.

#### 2. Progress

- 2.1 Most of the projects span each of the Groups and will require input from each area, though the degree of Group involvement will vary for each project within the plan. Some will involve more working with primary care than others. Initial conversations with likely project leads have started to identify the scope of the work involved, baseline metrics and comparative data to demonstrate improvement. Some of this will come from National or Regional comparators while improvement in other projects will be illustrated by change in internal KPIs.
- 2.2 Project support will be provided by Heather Matthews, MDO Directorate Manager and Essie Li, Head of Transformation, Improvement Team.
  - 2.2.1 **Table 1** illustrates the likely involvement of each Group in the Quality plan projects.
  - 2.2.2 **Table 2** shows progress to date and an indication of the source of comparison data to be used for improvement
  - 2.2.3 **Table 4** shows individual project development and data points of comparison to define improvement when the scope and timescale of each project is defined.

Table 1: Likely Group involvement in projects

Quality Plan Objectives		Med	Sur	PCCT	WCH	Imag
1	We will reduce deaths in hospital that could be avoided so that we are among the top 20% of comparable NHS Trusts in the UK. We will take action to cut avoidable deaths from Sepsis, Hospital Acquired Venous Thromboembolism, Stroke, Acute MI (Heart Attack), Fractured Neck of Femur and High Risk Abdominal Surgery	x	x	x	x	x
2	Cancer patients that we treat will have some of the best health outcomes in the UK, with SWBH being among the top 20% of comparable NHS Trusts.	x	x	x	x	x
3	We will coordinate care well across different services so that patients who are discharged are cared for safely at home and don't need to come back for an unplanned further hospital stay.	x	x	x	x	x
4	We will deliver outstanding quality of outcomes in our work to save people's eye-sight, with results among the top 20% of comparable NHS Trusts in the UK.		x			x
5	More Sandwell and West Birmingham residents will take up the health screening services that we provide than in other parts of the West Midlands.	x	x	x	x	x
6	We will reduce the number of stillbirths and deaths in the first week of life so that we are providing a better service than others in the West Midlands.	x		x	x	
7	Patients at the end of their lives will die in the place they choose, receiving compassionate end of life care.	x	x	x	x	
8	We will ensure the wellbeing of the children we care for, in particular reducing lost days of school as a result of hospital care; and ensuring the safe transition of care to adult services at the appropriate time.	x	x	x	x	
9	Patients will report that their health is better following treatment with us than elsewhere in England, ranking SWBH in the top 20% of NHS Trusts for patient-reported outcomes.	x	x	x	x	
10	We will work in close partnership with mental health care partners to ensure that our children's, young people's, adult and older people's crisis and ongoing care services are among the best in the West Midlands.	x		x	x	

(primary care involvement likely in many of the projects)

Table 2: Progress in discussions so far

Quality Plan Objectives		Comparison data	Summary comments after initial discussions
1			
2	Cancer patients that we treat will have some of the best health outcomes in the UK, with SWBH being among the top 20% of comparable NHS Trusts.	National. Cancer Board	Define outcomes used for cancer health outcomes. Look at pathway components we currently provide and develop with restart of cancer service.
3	We will coordinate care well across different services so that patients who are discharged are cared for safely at home and don't need to come back for an unplanned further hospital stay.	Internal. OMC	Identify patterns in place of discharge, diagnosis and where readmitted from and why. Link with PCCT work on readmission avoidance
4	We will deliver outstanding quality of outcomes in our work to save people's eye-sight, with results among the top 20% of comparable NHS Trusts in UK	National. Ophthal	Administration of service. Define the metrics that will be used for sight loss (different for each subspecialism) & how those will be compared with other units.
5	More Sandwell and West Birmingham residents will take up the health screening services that we provide than in other parts of the West Midlands.	Regional	Will need linking with primary care as well as thinking about the screening done at SWBHT (cancer but also to think about others – diabetic retinopathy, neonatal hearing as examples)
6	We will reduce the number of stillbirths and deaths in the first week of life so that we are providing a better service than others in the West Midlands.	Regional. Maternity	Build on work already being done to reduce still births and neonatal death as part of national programme. Identify other improvement areas – e.g. link with primary care for improvements as part of 'Saving Babies Lives' eg foetal growth restriction, smoking and early intervention
7	Patients at the end of their lives will die in the place they choose, receiving compassionate end of life care.	National. PCCT	Link with national audit of care of dying output data. Discussions with pts/relatives and input from ME after death
8	We will ensure the wellbeing of the children we care for, in particular reducing lost days of school as a result of hospital care; and ensuring the safe transition of care to adult services at the appropriate time.	Internal. Paeds	Transitional care process is in place but need baseline data. School attendance – look at acute v chronic disease, survey of return to school and reasons for delay
9	Patients will report that their health is better following treatment with us than elsewhere in England, ranking SWBH in the top 20% of NHS Trusts for patient-reported outcomes.	National	PROMs exist for hip and knee replacement and discussions around improved communication with patient both pre and post op are underway to improve health gain results. PROMs data for other patient groups will be scoped.
10	We will work in close partnership with mental health care partners to ensure that our children's, young people's, adult and older people's crisis and ongoing care services are among the best in the West Midlands.		To be developed

Table 3: Areas to explore and data points for comparison

Quality Plan Objectives		Data points of comparison
1		
2	Cancer patients that we treat will have some of the best health outcomes in the UK, with SWBH being among the top 20% of comparable NHS Trusts.	<p>Links with cancer sustainability plan where KPIs and outcomes defined and overseen by cancer board (6 different work streams and workforce plan for cancer in place)</p> <p><u>Data points</u> Multiple points within Cancer strategy delivery plan (Q+S May 2019)</p>
3	We will coordinate care well across different services so that patients who are discharged are cared for safely at home and don't need to come back for an unplanned further hospital stay.	<p>Look at data by specialty, duration of admission and diagnosis, compare with local and national data. Where patient discharged to and reason for readmission (same or different process, clinical or administrative). Consider pathways into community (iCARES/GPs), EoL care (QP7).</p> <p><u>Data points</u> Readmissions (annual to March 2019) Total 8.4% <ul style="list-style-type: none"> <li>to same specialty 3.6%, different spec 4.4%</li> </ul> Medicine 12.5% Surgery 6.3% WCH 4.7%</p>
4	We will deliver outstanding quality of outcomes in our work to save people's eye-sight, with results among the top 20% of comparable NHS Trusts in the UK.	<p>Current work looking at administration processes to improve booking and thus patient attendance at right time/clinic. Capacity issues for theatre and OP to improve patient flow. Subspecialist areas to look at disease specific outcomes, what is currently measured and pathways to improve outcomes. Links with overall vision for BMEC for clinical, educational and research work.</p> <p><u>Data points</u> To be developed</p>
5	More Sandwell and West Birmingham residents will take up the health screening services that we provide than in other parts of the West Midlands.	<p>Cancer screening services at SWBHT (bowel and breast) but needs strong link with primary care for cervical cancer screening services. Consider non-cancer screening that occurs (diabetic retina, pregnancy, new born, AAA).</p> <p><u>Data points</u> National data: Breast screening (53 – 70 year olds) 75.4% Bowel screening (60 – 74 year olds) 59% Cervical screening (25 – 64 year olds) 71.4% AAA screening (65 year olds) 79%</p>
6	We will reduce the number of stillbirths and deaths in the first week of life so that	Progress with projects in National agenda (every baby counts, ATAIN). Identification of early referral projects

	Quality Plan Objectives	Data points of comparison
	we are providing a better service than others in the West Midlands.	<p>for maternal care (stop smoking, BP, renal and Diabetic management) by improved working with GPs</p> <p><u>Data points</u> Stillbirth rate/1000 babies (last 3 months data): 2.3, 2.5, 4.6 [National figure 4.6 for 2016/17]</p> <p>This work aligned with the national ambition to reduce the rate of stillbirths, neonatal death &amp; brain injuries occurring during or soon after birth by 20% by 2020 (Saving Babies Lives)</p>
7	Patients at the end of their lives will die in the place they choose, receiving compassionate end of life care.	<p>Use national audit data for EoL care to follow improvement. Build on good work of palliative care community Hub. Focus on one or 2 ward areas to develop training package for EoL care, collect data around admissions, patient/carer feedback and roll out across other ward areas. Include discussions in ward</p> <p><u>Data points</u> Connected Palliative Care since being commissioned as community facing in 2016 &amp; has been driven by KPI's focused on facilitating people achieving their preferred place of care and death(74 – 89%) and consistently achieves the key KPI's (set at 70%).</p> <p>Key themes from national Audit of EoL care: Recognising the possibility of imminent death</p> <ul style="list-style-type: none"> <li>• National: 9.1, City: 8.7, Sandwell: 8.7</li> </ul> <p>Communication with the dying person</p> <ul style="list-style-type: none"> <li>• National: 6.9, City: 6.5, Sandwell: 6.4</li> </ul> <p>Communication with families and others</p> <ul style="list-style-type: none"> <li>• National: 6.6, City: 5.7, Sandwell: 5.9</li> </ul> <p>Involvement in decision making</p> <ul style="list-style-type: none"> <li>• National: 8.4, City: 7.9, Sandwell: 8.2</li> </ul>
8	We will ensure the wellbeing of the children we care for, in particular reducing lost days of school as a result of hospital care; and ensuring the safe transition of care to adult services at the appropriate time.	<p>Understand factors in delay return to school for chronic and acute illness. Review info given to patients, survey factors that influence return to school. Link with primary care. Transitional work with new adolescent key worker, clinics with adult specialties and with paed services at BH. Metrics of successful transition defined and to be used.</p> <p><u>Data points</u> Local audit of Transitional care of 16 SWBH departments:</p> <ul style="list-style-type: none"> <li>• 5 have a formal Transition pathway, 7 have a Transition lead, 2 use a Transition Checklist, 4</li> </ul>

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9	Patients will report that their health is better following treatment with us than elsewhere in England, ranking SWBH in the top 20% of NHS Trusts for patient-reported outcomes.	<p>National PROM (hip and knee replacement) but other measures used for quality of life, symptoms, depression, health status that may be collected by other services for patient groups. PREMS may also be used to assess patient experience of the service they use.</p> <p>Data points</p> <table border="1"> <thead> <tr> <th rowspan="3"></th> <th colspan="4">Health Status Questionnaire Percentage improving</th> </tr> <tr> <th colspan="2">Finalised data for April 16– Mar 17</th> <th colspan="2">Finalised data for April 17– Mar 18</th> </tr> <tr> <th>Nation al</th> <th>SWBH</th> <th>Nation al</th> <th>SWBH</th> </tr> </thead> <tbody> <tr> <td>Hip replac ement</td> <td>89.1%</td> <td>92.4%</td> <td>90.0%</td> <td>91.0%</td> </tr> <tr> <td>Knee replac ement</td> <td>81.1%</td> <td>82.9%</td> <td>82.6%</td> <td>81.9%</td> </tr> </tbody> </table>					Health Status Questionnaire Percentage improving				Finalised data for April 16– Mar 17		Finalised data for April 17– Mar 18		Nation al	SWBH	Nation al	SWBH	Hip replac ement	89.1%	92.4%	90.0%	91.0%	Knee replac ement	81.1%	82.9%	82.6%	81.9%
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### 3. Recommendations

3.1 The Trust Board is asked to:

- a. **Discuss** the next phase of the Quality plan
- b. **Consider** the projects and the specialties they span within the Groups
- c. **Discuss** the phased introduction of the projects and the data points presented

David Carruthers  
Medical Director

28/05/2019